

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M11949 (8)  
1. Corporation Name  
ANDER TRADING, INC.

Principal Place of Business  
C/O ANDRES ELOY DIELINGEN  
4781 N.W. 72 AVENUE  
MIAMI FL 33166

Mailing Address  
C/O ANDRES ELOY DIELINGEN  
4781 N.W. 72 AVENUE  
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 3540 NW 72 Ave  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI FL  
Zip Country  
24 33122 25  
2a. Mailing Address  
26 3540 NW 72 Ave  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI FL  
Zip Country  
29 33122 30

3. Date Incorporated or Qualified  
02/26/1985  
4. FEI Number  
59-2557813  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIELINGEN, ANDRES ELOY  
4781 N.W. 72 AVENUE  
MIAMI FL 33166

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
3540 NW 72 Ave  
83  
84 City MIAMI FL 85 Zip Code 33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS       | CITY - ST - ZIP | DELETE                   |
|-------|------------------------|----------------------|-----------------|--------------------------|
| PDS   | DIELINGEN, ANDRES ELOY | 10742 S.W. 142 COURT | MIAMI FL        | <input type="checkbox"/> |
| VPT   | DIELINGEN, MARIANELLA  | 10742 S.W. 142ND CT. | MIAMI FL        | <input type="checkbox"/> |
|       |                        |                      |                 | <input type="checkbox"/> |
|       |                        |                      |                 | <input type="checkbox"/> |
|       |                        |                      |                 | <input type="checkbox"/> |
|       |                        |                      |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                              | Addition                 |
|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
|           |          | 9805 SW 125 Ave    | MIAMI FL 33186      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          | 9805 SW 125 Ave    | MIAMI FL 33186      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Mariabella Dielingen

4/14/98 (305) 477-7121

CR2E034 (10/97)